



2016-17 ADULT BASKETBALL REGISTRATION FORM

PLEASE SUBMIT ENTIRE FORM WITH PAYMENT:

Troy Recreation Department
ADULT BASKETBALL
3179 Livernois, Troy, Michigan, 48083

Please complete appropriate areas of information including the assistant manager who is also eligible to sign roster, add/delete players and act on the team's behalf. Make checks payable to City of Troy.

Team Registration Form

Please complete/check appropriate areas.

League Fee - \$495.00 (Check, Cash, Visa/MC)

Returning Team ()

New Team ()

Jersey Color _____

League Offerings for 2016-17:

() Men's Div. I (Competitive) - Thursday

() Men's Div. II (Intermediate) - Monday

() Men's Div. III (Recreational) - Tuesday

() Women's - Wednesday

() Men's 45+ - Thursday

Team Name _____

Manager _____

Assist. Manager _____

Address _____

Address _____

City _____ Zip _____

City _____ Zip _____

Phone (1) _____ (2) _____

Phone (1) _____ (2) _____

Email _____

Email _____

Interested Individual Form (no fee)

Please complete information below. Information will be distributed to managers to call at their discretion. League will not assign players to teams. Individual teams will determine participation fee. Please designate league preference above. No guarantee of placement in league.

Name _____

Email Address _____

Phone (1) _____

Phone (2) _____

Status: Resident ()

Employee within City limits ()

Non Resident ()